

\*\*\*\*\*\*\*\*\$15 Individual \*\*\*\*\*\*\*\*\*\$10 each additional family member\*\*\*\*\*\*\*
proceeds will benefit the Hamilton Co. Animal Shelter.

**Registration Form (please bring day of race)** 

Name:		
Name of each	h participant:	
Address:		
City:		
State:	Zip Code:	
Phone Number	er:	
Registration beg	ins at 8:00PM, Race begins a	at 9:00PM
Come dr	essed in your brightest	glow in the dark attire!
properly trained. I agree to risks associated with this even the weather, including high Having read this waiver and entitled to act on my behal arising out of my participat	this event is a potentially hazardous activity. It is abide by any decision of any race official as to went, including but not limited to, falls, contact in heat, traffic and all conditions of the road, all sid knowing these facts, and in consideration of y f, waive and release, race official, volunteer and	should not enter unless I am medically able and my ability to safely complete the event. I assume all with other participants (including dogs), the effects of such risks being known and appreciated by me. Your accepting my entry, I for myself, and anyone d all sponsors from all claims or liabilities of any kind
Signature:		
Date:		